Compliance Manager Name:

David Ayling, RN

Address: 1313 Pensacola St. Honolulu, HI 96814

## Adult Day Care Center (ADCC) Deficiency Report

5/16/2019	Last Date items below must be submitted to CTA:	
17-1424		
apter#	Chapter Heading	Rule # and Non-Compliance findings
	Application for Certificate of Approval	
11	Administration	
12	Personnel and Staffing	
13	Admissions	
14	Participant Fees	
15	Transportation	
16	Services for Center Participants	
17	Physical Location	
18	Fire Protection	
19	Other Disasters and Evacuations	this face provide a
-	11	Application for Certificate of Approval  Administration  Personnel and Staffing  Admissions  Admissions  Participant Fees  Transportation  Services for Center Participants  Physical Location  Fire Protection

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.

If this box is checked	ed then I understand that I met all requirements and no correctiv	ve action is required	
PRINT NAME:	MELVIN ASIATECOKA		
SIGNATURE:	Mlin hater	Date: 5/16/2018	
Compliance Manger Signature_	DATE A Azley n	Date: 5 (16/19	